

RECEIVED

OMB#: 2050-0024 Expires 8/31/96

FEB 12 1996



IOWA SECTION U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

FORM  
ICIDENTIFICATION AND  
CERTIFICATION

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA RCRA ID No. IA0000109827

EPA ID NO:

A-Tec Recycling, Inc.

5745 NE 17th St.

Des Moines, IA

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →		B. County <i>POLK</i>	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1993? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village, etc. Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/> <i>IA</i>	H. Zip Code Same as label <i>50313</i>

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (GO TO BOX B)		
B. Number and street name of mailing address <i>P.O. Box 7391</i>		
C. City, town, village, etc. <i>DES MOINES</i>	D. State <i>IA</i>	E. Zip Code <i>50309</i>

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I. <i>NEWMAN RONALD W.</i>	B. Title <i>PRESIDENT</i>	C. Telephone <i>515 244-1704</i> Extension
---	------------------------------	--

Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervised by me, or under the direct supervision of a qualified person, and that I am a duly qualified person to gather and evaluate the information submitted. Based on my inquiry of the person responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true and accurate, and that I am not aware of any significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false or misleading information."

R00065527  
RCRA Records Center

A. Please print: Last Name First name M.I. <i>NEWMAN RONALD W.</i>	B. Title <i>PRESIDENT</i>
C. Signature <i>Ronald W. Newman</i>	D. Date of signature <i>02 09 96</i> MO. DAY YR.

Page 1 of 4

BY *RCRA AARP/SEE*  
ON *3/13/96*ms Over  
10/31/96



## Sec.V - Generator Status. Instruction pages 10, 12.

## A. 1995 RCRA generator status

(CHECK ONE BOX BELOW)

- ☒ 1 LQG  
☐ 2 SQG  
☐ 3 CESQG  
☐ 4 Non generator (Continue to Box B)
- SKIP to SEC. VI

## B. Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated  
☐ 2 Out of business  
☐ 3 Only excluded or delisted waste  
☐ 4 Only non-hazardous waste  
☐ 5 Periodic or occasional generator  
☐ 6 Waste minimization activity  
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

## Sec.VI - On-Site Waste Management Status. Instruction pages 13, 14.

## A. Storage subject to RCRA permitting requirements

/

## B. Treatment, disposal, or recycling subject to RCRA permitting requirements

/

## C. RCRA-exempt treatment, disposal, or recycling

3

## Sec.VII - Waste Minimization Activity during 1994 or 1995. Instruction pages 14, 15.

A. Did this site begin or expand a source reduction activity during 1994 or 1995?

- ☐ 1 Yes  
☒ 2 No

B. Did this site begin or expand a recycling activity during 1994 or 1995?

- ☐ 1 Yes  
☒ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1994 or 1995?

- ☐ 1 Yes  
☒ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1994 or 1995?  
(CHECK YES OR NO FOR EACH ITEM)

- | Yes                        | No                                    |  |
|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices                            |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes                          |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Technical limitations of the production processes   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible                             |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible                            |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements          |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW)   |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1994 or 1995?  
(CHECK YES OR NO FOR EACH ITEM)

- | Yes                        | No                                    |   | Yes                        | No                                    |  |
|----------------------------|---------------------------------------|---|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice                      | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling                                |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process      | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling  | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling                                      | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling  | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible                    |
|                            |                                       |   | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible                   |
|                            |                                       |   | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
|                            |                                       |   | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW)   |

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA RCRA ID No. IA0000109827

EPA ID NO:

A-Tec Recycling, Inc.  
5745 NE 17th St.  
Des Moines, IA



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM  
GM

WASTE GENERATION  
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

MERCURY POWDER FROM SPENT FLUORESCENT &amp; HID LAMPS (TOXICITY)

B. EPA hazardous waste code Page 19.

D009

C. State hazardous waste code Page 19.

NA

D. SIC code Page 19.

5093

E. Origin code Page 19

System NA  
Type M

F. Source code Page 20.

A72

G. Point of measurement  
Page 20.

1

H. Form code  
Page 20.

B319

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994  
Instruction Page 21.

7711.0

B. Quantity generated in 1995  
Page 21.

45907.0

C. UOM  
Page 21.

1

Density

□ 1 lbs/gal □ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

□ 1 Yes (CONTINUE TO SYSTEM 1)

☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type  
Page 22.

M

Quantity treated, disposed, or recycled on site  
in 1995

ON-SITE PROCESS SYSTEM 2

On-site process system type  
Page 22.

M

Quantity treated, disposed, or recycled on site  
in 1995

Sec. III

A. Was any of this waste shipped off-site in 1995  
Instruction page 22.☒ Yes (CONTINUE TO BOX B)  
□ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to  
Page 23.

PAD 002 390 961

C. System type shipped to  
Page 23.

M 012

D. Off-site  
availability code  
Page 23.

1

E. Total quantity shipped in 1995  
Page 23.

45907.0

Site 2

B. EPA ID No. of facility waste was shipped to  
Page 23.C. System type shipped to  
Page 23.

M

D. Off-site  
availability code  
Page 23.E. Total quantity shipped in 1995  
Page 23.

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? □ 1 Yes (CONTINUE TO BOX B)  
Instruction page 24.☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

W

W

W

W

C. Other effects Page 25.

□ 1 Yes

□ 2 No

D. Quantity recycled in 1995 due to new activities  
Page 25.E. Activity/production  
index Page 25.

F. 1995 source reduction quantity Page 26.

Comments:

REGARDING SECTION 1, H: MERCURY POWDER FROM SPENT  
FLUORESCENT & HID LAMPS.



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA RCRA ID No. IA0000109827

EPA ID NO:

A-Tec Recycling, Inc.  
5745 NE 17th St.  
Des Moines, IAFORM  
01U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1995 Hazardous Waste Report

OFF-SITE  
IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>PAD 002 390 961</u>	B. Name of off-site installation or transporter <u>BETHLEHEM APPARATUS COMPANY, INC.</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street <u>890 FRONT ; P.O. Box Y</u> City <u>HELLERTOWN</u> State <u>PA</u> Zip <u>18055</u>	
Site 2	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____	
Site 3	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____	
Site 4	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____	
Site 5	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____	
Comments:		



## INSTRUCTIONS FOR FILLING OUT

# FORM OI - OFF-SITE IDENTIFICATION

### WHO MUST COMPLETE THIS FORM?

Sites required to file the 1995 Hazardous Waste Report must submit Form OI if:

- Form OI is required by your State AND
- The site received hazardous waste from off site or sent hazardous waste off site during 1995.

### PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

### HOW TO COMPLETE THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used during 1995. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. You do not need to report the address, Box D, for transporters.

Throughout the form, enter "NA" if the information requested is not applicable. Use the Comments section at the bottom of the form to clarify or continue any entry. Reference the comment by entering the site number and box letter.

### ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 1995.

Complete Boxes A through C for each transporter you used during the year. (The transporter address is not required in Box D).

**Box A:** EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1995, enter "NA" in Box A.

**Box B:** Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

**Box C:** Handler Type

Check all boxes that apply to describe the handler type of the off-site installation or transporter reported in Box A.

**Box D:** Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.





P.O. BOX 7391  
DES MOINES, IOWA 50309



U.S. ENVIRONMENTAL PROTECTION AGENCY, REGION VII

ARTD/IRSP (BIENNIAL REPORT)

726 MINNESOTA AVENUE

KANSAS CITY, KANSAS 66101